

OFFICE OF THE GOVERNOR
GRANTS PROGRAM
CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA, KS 66612-1590
FAX: (785) 291-3204

PROJECTION OF FINAL EXPENDITURES
DUE JULY 25, 2006

Name of Subgrantee Organization: _____

Grant Project Number: _____

1. Grant Award Amount (Federal Portion): _____
2. Expenditures Reported First **Three** Quarters:
(Federal Portion) _____
3. Projected **Fourth** Quarter Expenditures: + _____
4. Total Expenditures (Federal Portion): = _____
5. Funds Remaining (Federal Portion): (1 - 4) _____

Please provide the most accurate information possible. The subgrantee will not be held to these figures if actual fourth quarter expenditures exceed projections. Nor will the subgrantee be penalized in subsequent years if projections reflect funds remaining at the completion of the grant project period. **If the subgrantee is planning a budget revision request, the proposed revisions should be taken into consideration when completing this form.**

For Office of the Governor Use
Entered by: _____

Date: _____